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7590 05/09/2005

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BRIAN E. HARRIS	(Depositor's name)
<i>Brian E. Harris</i>	(Signature)
26 JULY 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/397,423	09/17/1999	JEFFREY H. STARR	020431.0450	8715

TITLE OF INVENTION: SYSTEM AND METHOD FOR DISPLAYING PLANNING INFORMATION ASSOCIATED WITH A SUPPLY CHAIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	08/09/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
POINVIL, FRANTZY	3628	705-037000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1. <u>JAMES E. WALTON</u> 2. <u>BRIAN E. HARRIS</u> 3. _____	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

i2 TECHNOLOGIES US, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DALLAS, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 500777 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Brian E. Harris

Date 26 JULY 2005

Typed or printed name BRIAN E. HARRIS

Registration No. 48,383

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